

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011693
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 317 Primary Registration District No. 545 Registrar's No. 838

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maplewood</u>		c. CITY OR TOWN <u>Maplewood</u> 4544	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7248 Moller</u>		d. STREET ADDRESS (If outside, give location) <u>7248 Moller</u>	
Length of stay in lb <u>8 YRS</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>MC CARTHY</u> Last <u>MC CARTHY</u>		4. DATE OF DEATH Month <u>3</u> Day <u>25</u> Year <u>1959</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-9-1868</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	9c. AGE (In years last birthday) <u>90</u>
10a. FATHER'S NAME <u>DENNIS DEVAN</u>		10b. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>	
11. MOTHER'S MAIDEN NAME <u>KATHERINE BRODERICK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET MCCARTHY</u> Address <u>7248 Moller</u>	
15. SOCIAL SECURITY NO. <u>NONE</u>		16. INFORMANT <u>MARGARET MCCARTHY</u>	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>4500</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>ST LOUIS MO</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>John C. Murphy M.D.</u> (Deceased or title)	
22b. ADDRESS <u>2816 Section</u>		22c. DATE SIGNED <u>3/27/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>3-30-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		23d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
24. FUNERAL DIRECTOR <u>DETAMANN F HOME</u> ADDRESS <u>9222 LACKLAND</u>		25. DATE RECD. BY LOCAL REG. <u>3-28-59</u>	
26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>		27. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>	

OVERLAND MO (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify, that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Samuel Stipanovic, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Al. C. Ostmann

Licensed Embalmer No. 3478

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.